PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notificatio								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	7590 10/04/2004			r				
Jason M. Honeyman					Certificate of Mailing or Transmission			
Wolf, Greenfield & Sacks, P.C.				Express Mailing Label No.				
Federal Reserve P 6000 Atlantic Ave				EV292569034US				
Boston, MA 02210					Date of Depo	sit: December 2:		
							(Signature)	
				L		<u> </u>	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INV		VENT	OR	ATTORNEY DOCKET NO.	. CONFIRMATION NO.	
09/900,707	Roger E. Darois			D0188/7126	4890			
TITLE OF INVENTION: F	PROSTHETIC REPAIR FAB	RIC			12/28/2004	HANDHES 00000003 0	9900707	
					01 FC:1504 02 FC:1501		300.00 OP 1400.00 OP 30.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUI	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1370			\$300	\$1670	01/04/2005	
EXAMINER		ART UNIT		CLA	ASS-SUBCLASS			
BONDERER, DAVID A		3732			623-014130	•		
1. Change of correspondence	ce address or indication of "F	ee Address" (37	2. For printin	g on th	ne patent front page, li	st		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys					
Address form PTO/SB/i	or agents OR, alternatively, (2) the name of a single firm (having as a member a							
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (r	orint or	type)			
			٧.		•• •	nee is identified below, the	e document has been filed for	
(A) NAME OF ASSIGNEE (E			B) RESIDENCE: (CITY and STATE OR COUNTRY)					
C.R. BARD, INC.			MURRAY HILL, NEW JERSEY					
Please check the appropriat	e assignee category or catego	ries (will not be pri	inted on the pate	ent):	☐ Individual ★ C	orporation or other private	group entity Government	
4a. The following fee(s) are	e enclosed:	4b	. Payment of Fe	e(s):	//\		<u> </u>	
☑ Issue Fee			A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies10			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825 (enclose an extra copy of this form).					
_ ` `	s (from status indicated above	,				· · · · · · · · · · · · · · · · · · ·		
	SMALL ENTITY status. See					LL ENTITY status. See 37		
The Director of the USPTC NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Issi Publication Fee (if required) vords of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if any) I from anyone of Office.	or to r ther tha	e-apply any previous an the applicant; a reg	ly paid issue fee to the appl istered attorney or agent; o	ication identified above. r the assignee or other party in	
Authorized Signature	James mytas	ufm 9	\		Date De	cember 23, 20	04	
Typed or printed name	Registration No. 39,213							
submitting the completed a	ipplication form to the USP1 is for reducing this burden, sl ginia 22313-1450. DO NOT	U. Time will vary	denending upon	i the ir	idividual cace. Any co	amments on the amount of	and by the USPTO to process) ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 09/04) Approved for use through 04/30/2007.



Express Mail Label No.: EV292569034US Date of Deposit: December 23, 2004

DOCKET NO: **D0188.70126US00**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Darois et al.

Serial No.: Filed:

09/900,707 July 6, 2001

Conf. No.:

4890

For:

PROSTHETIC REPAIR FABRIC

Examiner:

David A. Bonderer

Art Unit:

3732

MAIL STOP ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

- 1. Issue Fee Transmittal Part B;
- 2. Check in the amount of \$1,730.00; and
- 3. Return Receipt Postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

A check in the amount of \$1,730.00 is enclosed to cover the issue fee, publication fee and advance order fee. If the fee is insufficient, the balance may be charged to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,

By:

James/M. Hanifin, Jr., Reg./Nø.

WOŁF, GREENFIELD & SACKS, P.C.

600 Atlantic Avenue

Boston, MA 02210

Tel. (617) 646-8000

Date: December <u>23</u>, 2004

x01/04/04